Strategic Use of Grants

Maine System of Care Grants From the Federal CMHI	
Grants	**Year of Initial Funding**
Wings for Children and Families, Piscataquis, Hancock, Penobscot, and Washington Counties	1994
Kmihqitahasultipon ("We Remember") Project, Passamaquoddy Tribe Indian Township	1997
Thrive: A Trauma-Informed System of Care for Children With Serious Emotional Disturbance in Maine, Androscoggin, Franklin, and Oxford Counties	2005

Thrive is Maine's third system of care grant, and plays a major role in expansion by providing leadership, developing family and youth organizations, and providing training and TA. Earlier grants covered two counties and two tribal communities. These grants have served as models for change elsewhere in the state and influenced policy development, particularly with regard to Medicaid.

MARYLAND

Children's Mental Health System

The children's mental health system in Maryland is administered by the Office of Child and Adolescent Services of the Mental Hygiene Administration within the Maryland Department of Health and Mental Hygiene. Policy-level leadership is provided by a Children's Cabinet in the governor's office, which comprises the directors of child-serving systems. Local Management Boards (LMBs) provide leadership for systems of care at the local level, and Core Service Agencies are responsible for local oversight of the public mental health system.

Demographics

Maryland has a population of approximately 5.8 million people divided among 23 counties and Baltimore city. About 24 percent of the population is under age18. Most of the population lives in the state's central region, in the Baltimore Metropolitan Area. Census data from 2010 show that the population is 58.2 percent White, 29.4 percent Black or African-American, 5.5 percent Asian, 2.9 percent two or more races, and 0.01 percent American Indian/Alaska Native. Approximately 8.2 percent of the population is of Hispanic origin across all races.

Overall Strategy

Before implementing its system of care, Maryland had a history of reliance on residential treatment in general and out-of-state placements in particular. To address this and other systemic issues, Maryland began to focus on developing systems of care. The state had one of the first system of care grants in Baltimore City, awarded in 1993, that placed children's mental health social workers in the Baltimore City Schools; a subsequent grant was obtained for Montgomery County in 1999. Maryland's expansion efforts have benefitted from a Children's Cabinet, created by the governor in 1987 via executive order and established by statute in 1993 to improve the structure and organization of services to children, youth, and families. In addition, the Governor's Office for Children (GOC) coordinates child- and family-oriented care within the state's child-serving agencies; the executive director of the GOC chairs the cabinet.

A critical juncture in statewide development of systems of care began in 2002, when the need for the wraparound approach for children with serious mental health challenges was recognized at

the gubernatorial level. The state pursued the implementation of the wraparound approach (piloted in the system of care grants) and community-based services directed at decreasing the use of institutions and providing alternatives to high-cost services with poor outcomes. The convergence of high-level support with the experience of the system of care grants led to the statewide system of care development initiative. In 2005, the Children's Cabinet provided $1 million to Montgomery County, $ 1 million to Baltimore, and smaller amounts to other areas to pilot the care management entity (CME) model, community-based care, and wraparound.

Maryland has consistently looked for opportunities to obtain financing to support its efforts to expand the system of care approach. A 1915(c) Medicaid waiver and pooled funds across systems at the Children's Cabinet level have helped to expand service capacity statewide.

Maryland has a strong family organization that preceded the system of care grants, and more recently a chapter of Youth M.O.V.E. has been developed. The state has used a number of strategies:

- Developing CMEs that cover the entire state and a statewide administrative services organization (ASO), both based on the system of care approach
- Placing strong emphasis on high-fidelity wraparound
- Creating highly effective interagency partnerships through the GOC, whose executive director chairs the Children's Cabinet
- Establishing the Innovations Institute at the University of Maryland as a statewide training and TA center

Maryland has had stable leadership in the children's mental health area. The state has been very successful in receiving system of care grants and other federal grants that have provided resources for system change and have been used to guide stakeholders toward a system of care vision. In what one of the key informants described as an "opportunistic" approach, Maryland has seized opportunities to apply for grants, Medicaid waivers, and other vehicles to further its expansion efforts.

Leaders in Maryland have focused on educating people about systems of care and reaching out to influential individuals and high-level decision makers to get them on board. In addition, the state has been systematically gathering data to support systems of care. For example, the number of children and youth in out-of-state residential programs was significantly reduced. The data describing these types of positive outcomes have been presented to leaders in the legislative and executive branches. The combination of the collection and use of data, the efforts of family and youth advocates, and the interagency leadership has been very powerful in advancing systems of care.

The system has survived the transition in administrations between parties and the recession and resulting fiscal crisis. The incorporation of the approach into state policy and the outreach to high-level policy makers are seen as keys to progress, particularly the existence of the Children's Cabinet and an interagency strategic plan for improving services to at-risk children, youth, and families.

Strategic Use of Grants

Maryland System of Care Grants From the Federal CMHI	
Grants	**Year of Initial Funding**
East Baltimore Mental Health Partnership, East Baltimore	1993
Community Kids, Montgomery County	1999
MD CARES (Maryland Crisis and At Risk for Escalation Diversion Services), Baltimore City	2008
RURAL Crisis and At Risk for Escalation Diversion Services (CARES), Caroline, Cecil, Dorchester, Kent, Queen Anne's Somerset, Talbot, Wicomico, and Worcester Counties	2009

In 1993, Maryland was one of the first four states to receive a SAMHSA system of care grant. The grant was focused on the East Baltimore neighborhood and had a particular emphasis on school-based services. Subsequently, the state received three additional system of care grants.

The requirement of SAMHSA that the local system of care grants tie in with the state was seen as an opportunity to begin a process for statewide system of care expansion. For example, pilots of CMEs and the wraparound approach in Baltimore City and Montgomery County were then built into the statewide system development effort. The more recent grants are now assisting with system of care expansion, particularly in rural areas. The interviewees emphasized the importance of the federal CMHI grants in leveraging other, long-term funding sources for the system of care approach.

MICHIGAN

Children's Mental Health System

Demographics

Michigan is the eighth most populous state in the United States and is divided into 83 counties. As of 2010, its population was about 9.9 million, with 23.6 percent under age 18. The census reported that the population was 78.9 percent White, 14.2 percent Black or African–American, 0.6 percent American Indian/Alaska Native, 2.4 percent Asian, 0.2 percent Native Hawaiian or Other Pacific Islander, and 2.3 percent two or more races. Hispanics or Latinos of any race accounted for 4.4 percent of the population.

Michigan's state mental health authority resides within the Michigan Department of Community Health, which also has responsibility for Medicaid, public health, substance use, and aging services. With the goal of better coordinating both funds and services, Michigan created a managed care system through which it contracts with 18 Prepaid Inpatient Health Plans (PIHPs) for Medicaid Specialty Services and Supports. The PIHPs comprise 46 community mental health service programs (CMHSPs) as health plans to serve the state's 83 counties. A PIHP can be either a single CMHSP or a lead agency in an affiliation of CMHSPs. The PIHPs essentially serve as managed care entities and are responsible for planning and implementing Medicaid-funded services for children with serious emotional disturbance. CMHSPs also administer state general funds for mental health services and provide services to children and youth without Medicaid. Michigan has a 1915(c) Medicaid fee-for-service waiver for children with a serious emotional disturbance.